

POSITION	INITIALS	ID NO.	DATE
207 24 ABILITY FEE DETERMINATION	<i>[Signature]</i>		12-30-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral) Canceled
 + Restricted
 N Non-elected
 I Interference
 A Appeal
 O Objected

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If more than 150 claims or 10 actions
staple additional sheet here

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